

ORAL HEALTH IN NEW HAMPSHIRE

ISSUE BRIEF – JANUARY 2003

ORAL HEALTH IN NEW HAMPSHIRE

In recent years, there has been renewed interest in oral health as a public health issue in New Hampshire. The following is a summary of data from the New Hampshire Department of Health and Human Services on oral health in the state.

FLUORIDATION

Fluoridation of drinking water is a major factor responsible for the decline in tooth decay during the past 50 years. It is considered one of the ten greatest public health accomplishments of the 20th century. There are currently 10 communities in New Hampshire that fluoridate their public water supply. Approximately 43% of New Hampshire residents served by a community water system receive fluoridated water. The *Healthy New Hampshire 2010* objective is to provide fluoridated water to 65% of state residents on a public supply system. Nationwide, 66% of persons on a public water supply currently receive fluoridated water.

INSURANCE COVERAGE

Access to dental care is often dependent on insurance coverage. Data from the 2001 New Hampshire Behavioral Risk Factor Surveillance System showed that 40% of New Hampshire adults did not have dental insurance. Insurance coverage was highest among persons 25-

54 years of age and was lower among young adults (18-24 years of age) and older adults (55 years of age and older). Insurance coverage was also strongly associated with both income and educational attainment.

Persons with higher incomes and more education were more likely to report dental insurance coverage.

DENTAL VISITS

Obtaining dental care on a regular basis is needed for receipt of preventive services as well as treatment of disease prior to the onset of complications. Data from the 2001 New Hampshire Behavioral Risk Factor Surveillance System indicated that 76% of adults had visited the dentist during the past year. Females were more likely to have visited a dentist in the past year than males. Persons 35-54 years of age were more likely to have visited a dentist than persons less than 35 years of age or persons 65 or more years of age. As a person's income increased, they were more likely to have seen a dentist in the past year. Increasing educational attainment was also associated with having seen a dentist during the past year.

ORAL HEALTH OF 3RD GRADERS

Conducting school-based screenings is one method for obtaining information on the oral health status of a population. A statewide survey of the oral health status of 3rd grade students was conducted from February through April 2001. Twenty-six schools participated in the survey and 410 students were screened. Twenty-two percent of students were found to have untreated decay, 52% had a history of caries (e.g., either treated or untreated decay), and 46% had at least one sealant on their permanent molars. Overall, 70% of students had no obvious problems, 25% required early dental care, and 5% required urgent care.

Tooth Loss

Tooth loss, especially edentulism (i.e., the loss of all teeth), can reduce daily functioning and a person's self image. Data from the 2001 New Hampshire Behavioral Risk Factor Surveillance System showed that 23% of New Hampshire residents 65 years of age and older were edentulous. There were strong associations between tooth loss and both income and education. For example, 51% of adults 65 years of age and older with less than a high school education had lost all of their teeth due to decay or gum disease compared to 6% with a college education.

ORAL CANCER

It is estimated that 75% of oral cancer is attributable to tobacco and alcohol use. Based on data from the state cancer registry, there were 121 new cases of oral cancer in New Hampshire in 1999. Two-thirds of cases occurred in males. In the same year, there were 28 deaths from oral cancer in the state. Males comprised 61% of the total.

SCHOOL-BASED DENTAL PROGRAMS

During the 2001-2002 school year, there were fifteen school-based dental programs in New Hampshire. Twenty-three percent (7,255/31,339) of second and third grade students in public schools in New Hampshire were screened. Among these children, 26% had untreated decay, 53% had a history of decay (e.g., either untreated or treated decay), and 40% had dental sealants.

SUMMARY

Currently available data indicate that oral health problems, such as dental caries in children and tooth loss in adults, are still common in New Hampshire residents. Effective preventive measures such as water fluoridation and dental sealants are underused. The data show marked disparities in oral health by socioeconomic

status. Individuals who have lower incomes, less education, or no insurance are substantially more likely to be unable to access care and to have dental problems. There is much progress that needs to be made if New Hampshire is to achieve the state and national oral health objectives established for the year 2010. The goal is to improve the oral health status of the state's residents through prevention and improved access to treatment.

For more information on the data presented here or to receive a copy of the full report, contact the New Hampshire Oral Health Program at (800) 852-3345 ext. 4535 (within New Hampshire) or (603) 271-4535. The report will also be available at the following website: <http://www.nhhealthdata.org/>